

## Medicaid Program Motor Voter Clearance Form

Applying to register or declining to register to vote will be used **only** for voter registration purposes and **will not** affect your request for services.

**If you are not registered to vote where you now live, would you like to apply to register to vote here today? YES ☐ NO ☐**

Note: If you do not check either box, you will be considered to have decided NOT to apply to register to vote at this time.

**Do you want our help in filling out the voter registration form? YES ☐ NO ☐**

Note: The decision whether or not to seek or accept help is yours. You may fill out the application form in private. If you do not check either box, you will be considered to have NOT asked for our help.

Signature or Mark

Name: Typed or Printed

1) \_\_\_\_\_  
Signature of Witnesses If Signed With Mark

2) \_\_\_\_\_

\_\_\_\_\_  
Date

### NOTICE

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State  
Commissioner of Elections  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
**The toll free telephone number is  
1-800-883-2805**